

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER 03-05	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: April 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(A)	7. FEDERAL BUDGET IMPACT a. FFY 2003 \$ 350,000 b. FFY 2004 \$ 700,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, page 3a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, page 3a

10. SUBJECT OF AMENDMENT:

Clarification of Medicaid Coverage policy for inmates of public institutions

11. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL:

Barry S. Maramba

13. TYPED NAME: Barry Maram

14. TITLE: DIRECTOR

15. DATE SUBMITTED

16. RETURN TO:

ILLINOIS DEPARTMENT OF PUBLIC AID
 201 SOUTH GRAND AVENUE, EAST
 SPRINGFIELD, IL. 62763-0001
 ATTENTION: Vicki Mote

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: 2/2/04
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Cheryl A. Harris</i>
21. TYPED NAME: Cheryl A. Harris	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS:	

RECEIVED
 JUN 19 2003
 DMCH - IL/IN/OH

Revision: HCFA-PM-91-8 (MB)

ATTACHMENT 2.6-A

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OMB NO. 0938-

State/Territory: ILLINOIS

Citation	Condition or Requirement		
42 CFR 435.1008	5.	a.	Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities, intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
			<u>(i) An individual is an inmate of a public institution when serving time for a criminal offense or confined involuntarily in State or Federal prisons, jails, detention facilities, or other penal facilities.</u>
			<u>(ii) An inmate becomes a patient in a medical institution when the inmate is admitted as an inpatient to a hospital, nursing facility, juvenile psychiatric facility, or intermediate care facility for the mentally retarded.</u>
			<u>(iii) The medical institution cannot be under control of a state or federal prison, city or county jail, detention facility, or other penal facility.</u>
42 CFR 435.1008 1905(a) of the Act		b.	Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
			<input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6.		Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. 03-05

Supersedes

TN No. 92-21

Approval Date _____

Effective Date 4-1-03

HCFA ID: